Government has now adopted the National Population Policy, 2000 on 15th February, 2000. The policy recognizes the fact that stabilizing population is an essential requirement for promoting sustainable development with more equitable distribution. The National Population Policy, 2000 enumerates certain socio-demographic goals to be achieved by 2010, which will lead to achieving population stabilisation by 2045.

The immediate objective of the National Population Policy is to address the unmet needs of contraception, health infrastructure, health personnel and to provide integrated service delivery for basic reproductive and child health care. The medium term objective is to bring the total fertility rate to replacement level by 2010, through vigorous implementation of inter sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.

Plan allocation for implementation of the National Family Welfare Programme for the last three years is as under:

(Rs. in crore)

Year	Allocation
1999-2000	2920
2000-2001	3520
2001-2002	4210

Hot Spots of HIV in the Country

2932. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National AIDS Control Organization (NACO) has identified districts in the country as hot spots of HIV;

(b) if so, the names of the districts so identified;

(c) the action plan drawn to effectively control HIV enlisting the co-operation of State Governments and NGOs; and

(d) the total financial assistance given to National AIDS Control Organization for the last three years and work done by them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir. The hot spot districts identified State-wise are given in the Statement (*See*-below).

(c) Government of India has launched a comprehensive National AIDS Control Programme (Phase-II) with the following key components.

- Reducing the spread of HIV in groups at high risk by identification of target populations and providing peer counseling, condom promotion, treatment of sexually transmitted infections etc.

- Preventive intervention for the general population by Information, Education and Communication (IEC) and awareness campaign, provision of voluntry testing and counseling safe blood transfusion services and prevention of occupational exposure.

- Providing financial assistance for opportunistic infections, home and community based care to people living with HIV/ AIDS.

- Strengthening effectivess and technical, managerial, financial sustainability at National, State and Municipal levels.

- Promoting collaboration amongst public, private and Voluntary sectors.

(d) The outlay provided for National AIDS Control Programme, Phase-II during the last three years is as follows:—

(*Rs. in crores*)

1999-2000	-	140.00
2000-2001	-	145.00
2001-2002	-	200.00

Statement

District with high prevalence of HIV among STD, IDU and ANC attendees State-wise

S. No.	Name of State/UT	Name of the District
1.	Andhra Pradesh (7)	Hyderabad Visakhapatnam Guntur East Godavari Chittoor Kurnool Warrangal
2.	Goa(1)	North-Goa
3.	Gujarat (4)	Ahmedabad Surat Baroda Rajkot
4.	Karnataka (10)	Bangalore Mysore Dharwad (Hubli) Bellary Belgaum Gulbarga Dakshin Kannada (Mangalore) Udipi Bijapur Shyamraj Nagar (Kollegal)

S. No.	Name of State/UT	Name of the District
5.	Maharashtra (12)	Nagpur
		Sangli
		Pune
		Aurangabad
		Chandrapur
		Latur
		Kolhapur
		Nasik
		Satara
		Solapur
		Thane
		Mumbai
6.	Manipur (3)	Imphal
		Churachandpur
		Bishnupur
7.	Nagaland (2)	Kohima
		Tuensang
8.	Tamil Nadu (6)	Madurai
		Trichy
		Salem
		Namakkal
		Tirunelveli
		Chennai

Joint projects with Russia on Medical Bio-Technology

2933. SHRI NANA DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to take up joint projects with Russia in several areas of medical bio-technology;

(b) if so, the details in this regard; and

(c) by when, the projects are likely to be taken up?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) The Department of Bio-technology under the integrated long-term